2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005
Secretary of State

DOCUMENT# P97000026200

Entity Name: CAPE CORAL WELLNESS, INC.

Current Principal Place of Business:

3501 DEL PRADO BLVD
STE 307
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

3501 DEL PRADO BLVD
STE 307
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 65-0694022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVALLE, CHRISTINE
3501 DEL PRADO BLVD
SUITE 307
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent   Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LAVALLE, CHRISTINE
Address: 4725 HOLLINGSWORTH AVE
City-St-Zip: SARASOTA, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINC. LAVALLE   DIRE   05/18/2005
Electronic Signature of Signing Officer or Director   Date